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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

TOTAL PA	or Other Than	An Authorized	a Committe	e		Office Use Only
NAME OF TOO COMMITTEE (in full)	TYPE OR PRINT V		ample: If typir or the lines.	ig, type	12FE4M5	
American Academy of F	Family Physic	cians Political	Action Co	ommittee		
ADDRESS (number and street)	1133 Connecticut	Avenue, NW				
Check if different	Suite 1100					
than previously reported. (ACC)	Washington				DC	20036
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦		5	STATE A	ZIP CODE ▲
C C00411553		3. IS THIS REPORT		IEW N) OR	× AN (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	N	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Buc on.	Mar 20 (M3)		lun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 20 (M4)		lul 20 (M7)	. —	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	(C) 12-Day PRE-EI		Primary (12P Convention (General Special (
October 15 Quarterly Report (Q3		ior and.	Convention	120)	opoolai (
January 31 Year-End Report (YE	Ξ)	Election on	M M M /	D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-	Election	General (300	i)	Runoff (3	Special (30S)
Termination Report (TER)	нероп	for the: Election on	M = M /	D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 06	/ 01 /	2014	through	M M M	30	2014
I certify that I have examined this Type or Print Name of Treasurer	Report and to th	-	wledge and b	pelief it is tru	e, correct and	d complete.
	M Taylor MD		[Electronically	Filed] D	ate 08	/ D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
NOTE: Submission of false, erroned	ous, or incomplete	information may su	ubject the pers	son signing th	is Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 06 01 2014 To: 06 30 2014

COLUMN A
This Period Calendar Year-to-Date

Calendar Year-to-Date (a) Cash on Hand 408793.60 January 1, 2014 (b) Cash on Hand at 429768.92 Beginning of Reporting Period..... 280955.11 26528.77 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 456297.69 689748.71 6(a) and 6(c) for Column B)..... 36322.37 269773.39 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 419975.32 419975.32 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

	I. Receipts	COLUMN B Calendar Year-to-Date	
1. (Contributions (other than loans) From:	Total This Period	
(a) Individuals/Persons Other		
	Than Political Committees		
	(i) Itemized (use Schedule A)	18082.66	186569.96
	(ii) Unitemized	, 8446.11	83402.67
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	, 26528.77	269972.63
,	b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
0 -	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	26528.77	269972.63
	Transfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>A</i>	III Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures		
	Refunds, Rebates, etc.)	0.00	
	Carry Totals to Line 37, page 5)	0.00	3482.48
-	Refunds of Contributions Made		
	Federal Candidates and Other		7500.00
	Political Committees	0.00	7500.00
	Other Federal Receipts		0.00
8. T	Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds a) Non-Federal Account	0.00	0.00
((from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: —	Total Tillo I Cilou	Calcillai Teal-10-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	822.37	4523.39		
(c) Total Operating Expenditures	022.01	1020.00		
(add 21(a)(i), (a)(ii), and (b))▶	822.37	4523.39		
Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	05500.00			
and Other Political Committees	35500.00	265200.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	7 7	7		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(add ddiiddiid i)				
Loan Repayments Made	0.00	0.00		
-				
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other	0.00	50.00		
Than Political Committees	0.00	50.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	3.00			
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds	0.00	50.00		
(add Lines 28(a), (b), and (c))▶	7	30.00		
Other Disbursements	0.00	0.00		
Carlot Biobarderiteria	3.00			
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	3.00			
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	36322.37	269773.39		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	36322.37	269773.39		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	26528.77	269972.63
1. Total Contribution Refunds (from Line 28(d))	0.00	50.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26528.77	269922.63
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	822.37	4523.39
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	3482.48
3. Net Operating Expenditures (subtract Line 37 from Line 36)	822.37	1040.91

1mage# 14950036020 PAGE 6 / 37

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XA

Transaction ID:

Amended to reflect credit card transaction left off original report due to technical problem

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Julie Kay Anderson MD Mailing Address 2010 Obster Cont.		Date of Receipt
Mailing Address 2248 Chelmsford Ln		06 02 2014
City Saint Cloud	State Zip Code MN 56301-9012	Transaction ID : C2745539 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	265.00
Name of Employer St. Cloud Medical Group	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) 3. Justin V Bartos MD Mailing Address 4300 Cagle Dr		Date of Receipt
Ste 200 City North Richland Hills	State Zip Code TX 76180-8380	06 23 2014 Transaction ID : C2759198 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer North Hills Family Medicine	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) 2. Joane Goforth Baumer MD		Date of Receipt
Mailing Address 910 Houston St Apt 701		06 21 2014 _
City Fort Worth	State Zip Code TX 76102-6224	Transaction ID : C2759125 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	105.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 370.00	
SUBTOTAL of Receipts This Page (optional)) >	412.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LI	NE NU	IMBER	:	PAGE	8	OF	37
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NAME OF COMMITTEE (In Full)		solicit contributions from such committee.
American Academy of Family F	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) Cindy Lee Behrens MD		Date of Receipt
Mailing Address 2121 Windermere Cir		06 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2745530
Pensacola	FL 32503-5872	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Sacred Heart Urgent Care	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Salvatore Bernardo Md Bernardo N	1D	Date of Receipt
Mailing Address 131 Pin Oak Rd		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	06 18 2014 Transaction ID : C2755960
Freehold	NJ 07728-9313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Reid B Blackwelder MD		Date of Descipt
		Date of Receipt
Mailing Address 4407 Loady Pd		M = M / D = D / Y = Y = Y
Mailing Address 4407 Leedy Rd		06 14 2014
City	State Zip Code	06 14 2014 Transaction ID : C2754564
	State Zip Code TN 37664-2117	
City		Transaction ID : C2754564
City Kingsport FEC ID number of contributing	TN 37664-2117	Transaction ID : C2754564 Amount of Each Receipt this Period
City Kingsport FEC ID number of contributing federal political committee. Name of Employer ETSU	TN 37664-2117	Transaction ID : C2754564 Amount of Each Receipt this Period
City Kingsport FEC ID number of contributing federal political committee. Name of Employer ETSU Receipt For:	TN 37664-2117 C Occupation	Transaction ID : C2754564 Amount of Each Receipt this Period
City Kingsport FEC ID number of contributing federal political committee. Name of Employer ETSU	TN 37664-2117 C Occupation Professor, Family Medicine	Transaction ID : C2754564 Amount of Each Receipt this Period
City Kingsport FEC ID number of contributing federal political committee. Name of Employer ETSU Receipt For: Primary General	TN 37664-2117 C Occupation Professor, Family Medicine Aggregate Year-to-Date ▼ 500.00	Transaction ID : C2754564 Amount of Each Receipt this Period

Use separate schedule(s) for each category of the Detailed Summary Page

	LINE			:	PAGE	9	OF	37
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Mailing Address PO BOX 506 City State Zip Code	Date of Receipt 06 30 2014 Transaction ID: C2764859 Amount of Each Receipt this Period
Lee Marvin Carter MD Mailing Address PO BOX 506 City State Zip Code Huntingdon TN 38344-0506 FEC ID number of contributing federal political committee. Name of Employer Occupation Self-Employed Family Physician Receipt For: Aggregate Year-to-Date ▼	06 30 2014 Transaction ID : C2764859 Amount of Each Receipt this Period
City State Zip Code Huntingdon TN 38344-0506 FEC ID number of contributing federal political committee. Name of Employer Occupation Self-Employed Family Physician Receipt For: Aggregate Year-to-Date ▼	06 30 2014 Transaction ID : C2764859 Amount of Each Receipt this Period
Huntingdon TN 38344-0506 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Occupation Family Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General C Occupation Family Physician Aggregate Year-to-Date ▼	
federal political committee. Name of Employer Self-Employed Receipt For: Primary General Occupation Family Physician Aggregate Year-to-Date ▼	100.00
Self-Employed Family Physician Receipt For: Primary General Aggregate Year-to-Date ▼	
Receipt For: Primary General Aggregate Year-to-Date ▼	
Primary General	
l l	
Full Name (Last, First, Middle Initial) Po-Shen Chang MD	Date of Receipt
Mailing Address 139 Monticello Dr	06 11 2014
City State Zip Code	06 11 2014 Transaction ID : C2753918
WA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	2000.00
Name of Employer Occupation	
Northwest Permanente Family Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 2000.00	
Full Name (Last, First, Middle Initial) Steven A Crawford MD	Data of Daggint
Mailing Address 900 NE 10th St	Date of Receipt
	06 23 2014
City State Zip Code	Transaction ID : C2759199
	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	416.66
Name of Employer Occupation	
University of Oklahoma Physician Faculty	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 2499.96	
SUBTOTAL of Receipts This Page (optional)	2516.66

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NAME OF COMMITTEE (In Full)	Physicians Political Action Commit	
American Academy of Family I Full Name (Last, First, Middle Initial) Gretchen M Dickson MD Mailing Address 2227 N Stoneybrook Ct City Wichita FEC ID number of contributing federal political committee. Name of Employer Univ. of Kansas School of Medicine Receipt For: Primary General Other (specify)	Physicians Political Action Commits State Zip Code KS 67226-3617 C Occupation Family Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 06 18 2014 Transaction ID : C2755969 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Sachin Narendra Dixit MD Mailing Address 1796 Concord Dr City Glendale Heights FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code IL 60139-1899 C Occupation Family Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 06 02 2014 Transaction ID : C2745544 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Michael K Engelken MD Mailing Address 7920 SW Indian Woods PI City Topeka FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) General Other (specify)	State Zip Code KS 66615-1421 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 06 16 2014 Transaction ID : C2755748 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe		1115.00

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NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Wanda D Filer MD		Date of Receipt
Mailing Address 510 Aqua Ct		06 28 2014
City	State Zip Code	Transaction ID : C2764771
York	PA 17403-3623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
Strategic Health Institute	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	2100.00	
Full Name (Last, First, Middle Initial) Leslie A Foote MD		Date of Receipt
Mailing Address 16103 Meridian Rd		06 19 2014
City	State Zip Code	Transaction ID : C2756907
Salinas	CA 93907-9140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	_
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) S Gay Freeman MD		Date of Receipt
Mailing Address 94 Morton Rd		06 07 2014
City	State Zip Code	Transaction ID : C2750888
South Chatham	MA 02659-1303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2100.00	
SUBTOTAL of Receipts This Page (optional)		1350.00

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NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) James M Gill MD Mailing Address 17 Henderson Hill Rd		Date of Receipt
City	State Zip Code	06 06 2014 Towns of the Correction ID 00750004
Newark	DE 19711-5958	Transaction ID : C2750324 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Family Medicine at Greenhill	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Olivia M Graves MD	•	Date of Receipt
Mailing Address 14150 Old Cutler Ro		M = M / D = D / Y = Y = Y
City	State Zip Code	06 02 2014
Palmetto Bay	FL 33158-1345	Transaction ID : C2745549
	00.00.10.10	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	730.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	
Full Name (Last, First, Middle Initial) Michael H Hartsell MD		Date of Receipt
Mailing Address 1404 Tusculum Blvd MOB # 3 Suite 2100		06 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Greeneville	State Zip Code TN 37745-4329	Transaction ID : C2745561 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	730.00
Name of Employer	Occupation	\dashv
Summit Medical Group	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	730.00	
		1005.00
SUBTOTAL of Receipts This Page (optional))	1825.00

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NAME OF COMMITTEE (In Full)	y Physicians Political Action Commi	
, ,	State Zip Code SD 57201-5412 C Occupation Exec Dir Aggregate Year-to-Date ▼	Date of Receipt 06 06 2014 Transaction ID : C2750197 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Richard Lee Hayes MD Mailing Address 1300 Braden St	'	Date of Receipt
City Jacksonville FEC ID number of contributing	State Zip Code AR 72076-3719	O6 11 2014 Transaction ID : C2753903 Amount of Each Receipt this Period 400.00
Receipt For: Primary Other (specify) ▼ Name of Employer Self Employed General	Occupation Family Physician Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Daniel J Heinemann MD Mailing Address 1305 W 18th St City Sioux Falls FEC ID number of contributing	State Zip Code SD 57105-0401	Date of Receipt 06 06 2014 Transaction ID : C2750718 Amount of Each Receipt this Period
Name of Employer Sioux Valley Health Systems Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional	ıl)	725.00
TOTAL This Period (last page this line num	pher only)	

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NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Comm	
Full Name (Last, First, Middle Initial) Brian Lee Holmes MD Mailing Address 1111 N Brady St Ste B City Abilene FEC ID number of contributing federal political committee.	State Zip Code KS 67410-1804	Date of Receipt 06 18 2014 Transaction ID : C2755967 Amount of Each Receipt this Period 365.00
Name of Employer Family Care Clinic, LLP Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) James S Irwin MD Mailing Address 112 5Th Ave W Family Care Physicians, P City Jerome FEC ID number of contributing federal political committee. Name of Employer Family Care Physicians Receipt For: Primary General Other (specify)	A. State Zip Code ID 83338-1825 C Occupation Family Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Donald Leland Ives MD Mailing Address PO BOX 440 City Ester FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State Zip Code AK 99725-0440 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	_	915.00

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Full Name (Last, First, Middle Initial) Melissa Jefferis MD Mailing Address 1142 Worthington Woods	s Blvd	Date of Receipt
City	State Zip Code	06 30 2014
Columbus	OH 43085-1567	Transaction ID : C2766695
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 370.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	
Full Name (Last, First, Middle Initial) Jessica Johnson	•	Date of Receipt
Mailing Address 5933 SW Hood Ave		M = M / D = D / Y = Y = Y
City	State 7in Code	06 09 2014
City Portland	State Zip Code OR 97239-3718	Transaction ID : C2750959
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer	Occupation	
OHSU	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial)	'	
Bradon Y Kimura MD		Date of Receipt
Mailing Address PO Box 497		06 30 _2014 _
City	State Zip Code	Transaction ID : C2766696
Kealakekua	HI 96750-0497	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	500.00	

FOR LINE NUMBER:				PAGE		16	OF	37	
(che	eck only	or	ne)						
	X 11a 11b						12		
	13		14		15		16	;	17

	nd Statements may not be sold or used by any per g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	Dhuaisiana Dulie 14 d	
/ American Academy of Family	y Physicians Political Action Commi	πee
Full Name (Last, First, Middle Initial) A. Gregory King MD		Date of Receipt
Mailing Address 1120 Vail Rd		06 25 2014
City	State Zip Code	Transaction ID : C2761350
Bennington	VT 05201-9597	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer	Occupation	1
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial) Rakesh Koul MD		Date of Receipt
Mailing Address 63 Wilson Ave		06 18 _2014 _
City	State Zip Code	Transaction ID : C2755962
Westbury	NY 11590-2114	Amount of Each Receipt this Period
FEC ID number of contributing		1
federal political committee.	C	430.00
Name of Employer	Occupation	
Self Employed	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	430.00	<u> </u>
Full Name (Last, First, Middle Initial) C. Richard Lord Jr Md Lord MD		Date of Receipt
Mailing Address 634 N Spring St		06 08 2014
City	State Zip Code	Transaction ID : C2750913
Winston Salem	NC 27101-1327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Self Employed	Family Physician	4
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (ontions	ıl)	585.00
TOTAL This Period (last page this line num	nber only)	

Use separate schedule(s) for each category of the **Detailed Summary Page**

FOR LINE NUMBER:						PAGE	 17	OF	37
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jesus A Manteca-Elias MD Date of Receipt Mailing Address 1832 Weeg Way 2014 29 City State Zip Code Transaction ID: C2764844 Park Ridge IL 60068-1230 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin B Martin MD Date of Receipt Mailing Address 2903 219th Ave E 14 2014 06 City State Zip Code Transaction ID: C2754563 WA Lake Tapps 98391-5634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Life Care Physician Services Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Amy Kristen McIntyre MD Date of Receipt Mailing Address 1140 W Diamond St 2014 06 28 City Zip Code State Transaction ID: C2764769 MT Butte 59701-1404

			Т	7	-	_		_	7	-	45	1.50	\neg
SUBTOTAL of Receipts This Page (optional)			ь	-	-	7	-	-	7	-	73	1.50	
TOTAL This Desired (lead on a set Abia Bara assessed on a	and A		Г										П
TOTAL This Period (last page this line number	r only)		-		-	7		-	J	-		(H)	

219.00

С

Occupation Family Physician

Aggregate Year-to-Date ▼

36.50

Amount of Each Receipt this Period

FEC ID number of contributing

Butte Community Health Center

Other (specify)

General

federal political committee.

Name of Employer

Primary

Receipt For:

FOF	PAGE	 18	OF	37					
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) 1. John S Meigs MD		Date of Receipt
Mailing Address PO Box 289		M = M / D = D / Y = Y = Y
100 Serendipity Dr		06 02 2014
City	State Zip Code	Transaction ID : C2745557
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	gg. ogato roar to-Date ▼	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) 3. John S Meigs MD		Date of Receipt
Mailing Address PO Box 289		M = M / D = D / Y = Y = Y
100 Serendipity Dr		06 11 2014
City	State Zip Code	Transaction ID : C2753897
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) John S Meigs MD		Date of Receipt
Mailing Address PO Box 289 100 Serendipity Dr		06 18 2014
City	State Zip Code	Transaction ID : C2755965
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)		100.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 19 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	eck only 11a 13		e) 11b 14		11c		12 16		17
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Ar or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John S Meigs MD Date of Receipt Mailing Address PO Box 289 100 Serendipity Dr 30 2014 City State Zip Code Transaction ID: C2764899 35034-0289 ΑL **Brent** Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Anne M Montgomery MD Date of Receipt Mailing Address 44818 Oro Grande Cir 06 2014 27 City State Zip Code Transaction ID: C2764023 Indian Wells CA 92210-7411 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Eisenhower Medical Associates Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dale C Moquist MD Date of Receipt Mailing Address 4318 Lake Walk Ct 09 2014 06 City State Zip Code Transaction ID: C2750958 TX Missouri City 77459-3268 Amount of Each Receipt this Period FEC ID number of contributing C 91.66 federal political committee. Name of Employer Occupation Family Physician Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 549.96 Other (specify) 366.66 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)									
American Academy of Family	/ Physicians	Political Action Comm	nittee)					
Full Name (Last, First, Middle Initial) Jonathan Paul Okun MD				Date of	Re	ceipt			
Mailing Address 367 Rahway Rd PO Box 761				M = M	/	18	/ Y	2014	Y
City	State	Zip Code		Trans	acti	on ID : C	275595		
Edison	NJ	08820-1117	_ .	Amount	of	Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					,	-5	365	.00
Name of Employer	Occupation								
William Network	Family Phy	sician							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		365.00	1						
Other (specify) ▼		303.00	ч						
Full Name (Last, First, Middle Initial) 3. Carl Raymond Olden MD				Date of	Re	ceipt			
Mailing Address 311 S 72nd Ave				M M	/	19	/ Y	2014	Y
City	State	Zip Code		Trans	acti	on ID : C	275695	50	
Yakima	WA	98908-1661	-	Amount	of	Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С				_	,	,	365	.00
Name of Employer	Occupation								
Pacific Crest Family Medicine	Family Phys	sician							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		365.00	1						
Other (specify) ▼		303.00	4						
Full Name (Last, First, Middle Initial) Description: Beth Loney Oller MD	·			Date of	Re	ceipt			
Mailing Address 304 N 1st St				M = M 06	/	23	/ Y	2014	Y
City	State	Zip Code			acti	ion ID : C	275929		
Stockton	KS	67669-1604		Amount	of	Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					,		365	5.00
Name of Employer	Occupation								
Solomon Valley Family Medicineself	Family Phy	sician							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	32.0	205.00	1						
Other (specify) ▼		365.00	ч						
SUBTOTAL of Receipts This Page (optional)		•				40	1095	.00
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) A. Michael Austin Oller MD		Date of Receipt
Mailing Address 304 N 1st St		06 23 2014
City	State Zip Code KS 67669-1604	Transaction ID: C2759297
Stockton	KS 67669-1604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Solomon Valley Family Medicineself	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) 3. Javette C Orgain MD		Date of Receipt
Mailing Address PO Box 806527		06 24 2014
Chicago	State Zip Code IL 60680-4126	Transaction ID : C2760162
Chicago	IL 60680-4126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	187.50
Name of Employer	Occupation	
Self-Employed	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	
Full Name (Last, First, Middle Initial) Ellen S Reinheimer MD		Date of Receipt
Mailing Address 20 Earlwoode Dr		06 11 2014
City White Plains	State Zip Code NY 10606-3902	Transaction ID : C2753906 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	850.00
Name of Employer	Occupation	
West Med Medical Group	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	850.00	
SUBTOTAL of Receipts This Page (optional).		1402.50
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Elisabeth L Righter MD		Date of Receipt
Mailing Address 267 Park Dr		06 28 2014
City	State Zip Code	Transaction ID : C2764770
Dayton	OH 45410-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Ralph Nichols Riley MD		Date of Receipt
Mailing Address PO Box 248		M = M / D = D / Y = Y = Y
109 Alamo Circle	Otate 75 O. I	06 11 2014
City	State Zip Code	Transaction ID : C2753895
Saluda	SC 29138-0248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Riley Family Practice Associates, PA	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) C. Robert R Rodak DO	· 	Date of Receipt
Mailing Address 6445 Pepper Ct		06 11 2014
City	State Zip Code	Transaction ID : C2753922
Erie	PA 16505-2673	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional).	•	1465.00
TOTAL This Period (last page this line number	er only)	
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NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commi	
, ,	Physicians Political Action Commission State Zip Code CA 95073-9709 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M / D P / 2014 Transaction ID : C2764834 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Flora F Sadri-Azarbayejani DO Mailing Address 427 S Mountain Rd	Date of Receipt	
City Northfield FEC ID number of contributing federal political committee.	State Zip Code MA 01360-9684 C	Transaction ID : C2756906 Amount of Each Receipt this Period 50.00
Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) George Wm Shannon MD Mailing Address 2301 Slate Dr City Columbus FEC ID number of contributing federal political committee. Name of Employer Horizons Diagostics	State Zip Code GA 31906-1443 C Occupation Family Physician	Date of Receipt 06 30 2014 Transaction ID: C2764862 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	515.00
TOTAL This Period (last page this line numl	per only)	

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(check only one)											
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NAME OF COMMITTEE (In Full)	Physicians Political Action Committee	
Full Name (Last, First, Middle Initial) Windel A Stracener MD Mailing Address 1333 Hunters Pointe Dr City Richmond FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code IN 47374-7184 C Occupation Family Physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 06 06 2014 Transaction ID : C2750196 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Glen R Stream MD Mailing Address 44818 Oro Grande Cir City Indian Wells FEC ID number of contributing federal political committee. Name of Employer Eisenhower Medical Center Receipt For: Primary General Other (specify) Other (specify)	State Zip Code CA 92210-7411 C Occupation Family Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 06 30 2014 Transaction ID : C2764861 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Erica Williams Swegler MD Mailing Address 300 N Rufe Snow Dr City Keller FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 76248-4235 C Occupation Family Physician Aggregate Year-to-Date ▼ 500.04	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	533.34

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	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
American Academy of Family	y Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) A. Raja Talati MD		Date of Receipt
Mailing Address 805 SW Classico Ct		06 26 2014
City	State Zip Code	Transaction ID : C2762243
Port Saint Lucie	FL 34986-2338	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Michelle A Turner MD	,	Date of Receipt
Mailing Address PO Box 287		M = M / D = D / Y = Y = Y
2903 N Broadway Ave	Otata 7'- O-d-	06 16 2014
City	State Zip Code	Transaction ID : C2754616
Miller	SD 57362-0287	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) C. Carl Vance Tyler Jr		Date of Receipt
Mailing Address 18200 Lorain Ave		06 11 2014
City	State Zip Code	Transaction ID : C2753900
Cleveland	OH 44111-5605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optiona	l)	325.00
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TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Lloyd P Van Winkle MD Mailing Address PO Box 960		Date of Receipt
		06 24 2014
City	State Zip Code	Transaction ID : C2760161
Castroville	TX 78009-0960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	-
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) Marie Pauroso Vitale MD		Date of Receipt
Mailing Address 968 Mapleton Ave	7. 6.	06 30 / 2014
City Suffield	State Zip Code CT 06078-1331	Transaction ID : C2764898
	CT 06078-1331	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) C. Dean Angela Weldon MD	•	Date of Receipt
Mailing Address 288 SW Judson Dr		06 11 2014
City	State Zip Code WA 98277-5800	Transaction ID : C2753911
Oak Harbor	WA 98277-5800	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer	Occupation	1
PhyAmerica and US Navy	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)		380.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, o	other than using the nam	ne and address of any political cor	ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (I American Academ		icians Political Action C	Committee
Full Name (Last, First, Mic Richard Andre Wherr	y MD		Date of Receipt
Mailing Address 59 Tipton	Dr		06 05 2014
City Dahlonega		State Zip Code GA 30533-1603	Transaction ID : C2749916
FEC ID number of contributed rederal political committee.	uting		Amount of Each Receipt this Period 250.00
Name of Employer		ccupation	
Chestatee Regional Hospita	al Far	mily Physician	
Receipt For: Primary Ge Other (specify) ▼	eneral Age	ggregate Year-to-Date ▼ 1500.	0.00
Full Name (Last, First, Mic	ddle Initial)	Date of Receipt	
Mailing Address			M = M / D = D / Y = Y = Y
City	S	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.			
Name of Employer	Occ	ecupation	
Receipt For: Primary Ge Other (specify) ▼	Age eneral	ggregate Year-to-Date ▼	
Full Name (Last, First, Mic	ddle Initial)		Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	S	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	ŭ		
Name of Employer	Осо	ccupation	
Receipt For: Primary Ge Other (specify) ▼	Age eneral	gregate Year-to-Date ▼	
SUBTOTAL of Receipts This	s Page (optional)		250.00
TOTAL This Period (last page	ge this line number only).		

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SCHEDULE B (FEC			FOR I	LINE N	UMBER:		PAG	E 28 (OF 37				
ITEMIZED DISBURSE	MENTS		arate schedule(s) category of the	(check	k only								
			Summary Page		21b	22	23	24	25	26			
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NAME OF COMMITTEE (In F	•												
American Academy	of Family Phys	icians F	Political Action	on Com	mitte	ee							
Full Name (Last, First, Middle	Initial)												
A. American Express						Date of	Disburse /		Y	Υ			
Mailing Address PO Box 5385	2					06	02	2	2014				
City	S	State	Zip Code			Transaction ID : D159447							
Phoenix Purpose of Disbursement		AZ	85072-3852			mans	uotioii ib	. 5100447					
Bank card processing fee						Amount	of Each	Disburseme	ent this	Period			
Candidate Name				Categor Type	ry/		-,	7	15	5.98			
Office Sought: House	Disbursen												
Senate Preside		Primary Other (spe	General										
State: District:		Onlei (spe	City) ▼										
Full Name (Last, First, Middle	Initial)												
B. American Express	initial)					Date of	Disburse	ment					
Mailing Address PO Box 5385	52					06	0:		2014	Y			
City	Cit.												
Phoenix		State AZ	Zip Code 85072-3852			Trans	action ID	: D159448					
Purpose of Disbursement Bank card processing fee					\neg	Amount	of Each	Disburseme	ent this	Period			
Candidate Name				Categor	v/								
				Туре	,		-	7		3.25			
Office Sought: House	Disbursen												
Senate		Primary	General										
State: Preside	ent	Other (spe	city) 🔻										
Full Name (Last, First, Middle	Initial)					D-1(Distance						
C. American Express							Disburse			_			
Mailing Address PO Box 5385	2					06	09		2014	Y			
City		State	Zip Code			Trans	action ID	: D159449					
Phoenix		AZ	85072-3852			114115	acaon ID	. レ133443					
Purpose of Disbursement Bank card processing fee													
Candidate Name				Categor Type	ry/	Amount	ent this	Period					
Office Sought: House	Disbursen	nent For:		Турс			7	7					
Senate		Primary	General										
Preside		Other (spe	cify) 🔻										
State: District:													
SUBTOTAL of Disbursements T					_	Ë	7	7	20).86			
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\setminus	NAME OF COMMITTEE (In Full)													
$ \; angle$	American Academy of Family Phys	sicians Political Act	ion	Comr	mitte	е								
\angle	, ,													
	Full Name (Last, First, Middle Initial)					Б.	, D:							
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	Mailing Address PO Box 53852					06	٠.	1	2		2014	_		
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	Phoenix	AZ 85072-3852				Trans	sact	ion ID) : D1	159451				
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	Mailing Address PO Box 53852					06	4	1	3		2014	_		
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NAME OF COMMITTEE (In Full)												
American Academy of Family Phy	sicians Political Act	ion Com	nmitt	ee								
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A. American Express				Date o	Date of Disbursement							
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President	Other (specify) ▼											
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Full Name (Last, First, Middle Initial)				Data	(Distance							
B. American Express					f Disbur							
Mailing Address PO Box 53852				06 18 2014								
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Phoenix Purpose of Disbursement	AZ 85072-3852											
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		Туре			7		7		3.25			
	ement For:											
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Mailing Address PO Box 53852				06		20	-	2014				
City	State Zip Code			Tron	action	ID . [0159455					
Phoenix	AZ 85072-3852			IIalis	saction	ו. נו	7133433	,				
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President	Other (specify)											
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Other (specify) ▼		
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		06 30 2014
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isbursement For: Primary General Other (specify) ▼		
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Primary General		
Other (specify) ▼		
	State Zip Code AZ 85072-3852 Disbursement For: Primary General Other (specify) State Zip Code AZ 85072-3852	AZ 85072-3852 Category/ Type Disbursement For: Primary General Other (specify) State Zip Code AZ 85072-3852 Category/ Type Category/ Type

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SCHEDULE B (FEC Form 3X)		F0D : :::-	NUMBER: PAGE 32 OF 37
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or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phy	sicians Political Acti	on Committ	tee
Full Name (Last, First, Middle Initial)			
A. Bank Of America Merchant Service	es		Date of Disbursement
Mailing Address WAS 505 04 40			M M / D D / Y Y Y Y
Mailing Address WA2-505-01-40 PO Box 2485			06 02 2014
City	State Zip Code		
Spokane	WA 99210-2485		Transaction ID : D159239
Purpose of Disbursement			
Bank card processing fee		L,_,	Amount of Each Disbursement this Period
Candidate Name		Category/	742.16
000		Type	742.10
Office Sought: House Disburs Senate	ement For:		
President	Primary General Other (specify) ▼		
State: District:	outer (specify)		
Full Name (Last, First, Middle Initial)			
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Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
. a.pood of Biobardomoni			Amount of Each Disbursement this Period
Candidate Name		Category/	
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Office Sought: House Disburs	ement For:		
Senate	Primary General		
President	Other (specify) ▼		
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Full Name (Last, First, Middle Initial)			Data of Diahams
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Purpose of Disbursement			
Condidata Nama			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disburs	ement For:	Туре	7
Senate	Primary General		
President	Other (specify)		
State: District:	· · · · · · · · · · · · · · · · · · ·		
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NAME OF COMMITTEE (In Full) American Academy of Family Phys					TUDUTOUS II	om such c	Ommitte	
Full Name (Last, First, Middle Initial)								
A. BOEHNER FOR SPEAKER					Disbursem			
Mailing Address 320 1st St SE				06	18		2014	
,	State	Zip Code		Trans	action ID : I	159075		
Washington Purpose of Disbursement	DC	20003-1838		mans	action ib . i	3133073		
Campaign contribution				Amount	t of Each Di	sbursemer	t this Pe	eriod
Candidate Name			Category/ Type		-,-		2500.0	00
Senate President	nent For: Primary Other (spe	General						
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Full Name (Last, First, Middle Initial) B. GRASSROOTS ORGANIZING ACTING	& LEAD	ING PAC - G	OALPAC	Date of	f Disbursem		Y Y Y	·
Mailing Address PO Box 30344				06	18		2014	
,	State	Zip Code		Trans	action ID :	D159069		
Bethesda Purpose of Disbursement	MD	20824-0344						
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Sandy Levin			Туре		7	7	2300.0	30
	nent For: Primary Other (spe	General cify) ▼						
Full Name (Last, First, Middle Initial) C. OFF THE SIDELINES PAC					Disbursem			
Mailing Address 895 Broadway				06	18		2014	
-	State	Zip Code		T	antina ID a	0450077		
New York	NY	10003-1226		irans	action ID :	//שפפו כ		
Purpose of Disbursement Campaign contribution				Amount	t of Each Di	sbursemer	it this Pe	eriod
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Kirsten Gillibrand			Туре		-		5000.0	<i>J</i> U
	nent For: Primary Other (spe	General cify) ▼						
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SCHEDULE B (FEC Form 3X)		OR LINE NUMBER: PAGE 34 OF 37
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (c) for each category of the	check only one)
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Any information copied from such Reports and	Statements may not be sold or used by	any person for the purpose of soliciting contributions
or for commercial purposes, other than using t	he name and address of any political cor	mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action C	committee
/ runemean readenly or running	Triyorolano Foliacai Action C	
Full Name (Last, First, Middle Initial)		
A. ORRINPAC		Date of Disbursement
		M M / D D / Y Y Y Y
Mailing Address 175 S. WEST TEMPLE SUI	TE 650	06 18 2014
City	State Zip Code	Transaction ID : D159079
SALT LAKE CITY	UT 84101	
Purpose of Disbursement Campaign contribution	_	
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Candidate Name		gegory/ 2500.00
		уре
	sbursement For:	
Senate	Primary General	
President	Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial)		
B. BARBARA LEE FOR CONGR	RESS	Date of Disbursement
		M - M / D - D / Y - Y - Y
Mailing Address 1736 Franklin Street #550		06 18 2014
011		
City	State Zip Code	Transaction ID : D159072
Oakland Purpose of Disbursement	CA 94612	
Campaign contribution		Amount of Each Disbursement this Period
Candidate Name		Amount of Lacif Dispursement this Feriou
Rep. Barbara Lee		egory/ 1000.00
		уре Посс. 33
Senate	sbursement For: 2014 Primary X General	
President	Other (specify)	
State: CA District: 09	Other (speedly)	
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PASCRELL FOR CONGRESS	5	
Mailing Address P.O. Boy 640		06 18 2014
Mailing Address P.O. Box 640		06 18 2014
	State Zip Code	06 18 2014
Mailing Address P.O. Box 640 City Totowa	State Zip Code NJ 07511	
City Totowa Purpose of Disbursement	•	06 18 2014
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AMME OF COMMITTEE (in Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS, INC. Mailing Address PO BOX 2012 City KINGSFORD MI 49802 Purpose of Disbursement Campaign contribution Candidate Name Rep. Dan Benishek Office Sought: WHITFIELD FOR CONGRESS COMMITTEE Mailing Address P.O. BOX 391 City HOPKINSVILLE KY 42241 Purpose of Disbursement Campaign contribution Candidate Name Rep. Edward Whitfield Office Sought: State: KY District: President State: KY District: Category/ Type Disbursement For: 2014 State Category/ Type Category/ Type Date of Disbursement Category/ Type Transaction ID: D159076 Amount of Each Disbursement Category/ Type Transaction ID: D159070 Amount of Each Disbursement Category/ Type Transaction ID: D159070 Amount of Each Disbursement to Category/ Type Transaction ID: D159070 Transaction ID: D159070 Amount of Each Disbursement to Category/ Type Date of Disbursement to Category/ Type Transaction ID: D159070 Amount of Each Disbursement to Category/ Type Date of Disbursement to Category/ Type Date of Disbursement to Category/ Type Date of Disbursement to Category/ Type Transaction ID: D159070 Amount of Each Disbursement to Category/ Type Transaction ID: D159070 Amount of Each Disbursement to Category/ Type Transaction ID: D159073 Amount of Each Disbursement to Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Transaction ID: D159073 Amount of Each Disbursement to Category/ Type Transaction ID: D159070 Transaction ID: D159070 Amount of Each Disbursement to Candidate Name Rep. Lloyd Doggett Office Sought: House Senate Perimany Category/ Type Transaction ID: D159070 Transact													
American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS, INC. Mailing Address PO BOX 2012 City State Zip Code MI 49802 President Persident Campaign contribution Candidate Name President State: MI District: 01 Full Name (Last, First, Middle Initial) City State Zip Code KY 42241 Purpose of Disbursement For: 2014 Mailing Address P.O. BOX 391 City State Zip Code KY 42241 Purpose of Disbursement Campaign contribution Candidate Name Rep. Dan Benishek City State Zip Code KY 42241 Purpose of Disbursement Campaign contribution Candidate Name Rep. Edward Whitfield Office Sought: House President State: KY District: 01 Full Name (Last, First, Middle Initial) Date of Disbursement Campaign contribution Candidate Name Rep. Edward Whitfield City State Zip Code Type Conderate Primary General Other (specify) Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS Mailing Address PO Box 5843 City State Zip Code Type Category Type Category Type Category Type Candidate Name Rep. Lloyd Doggett Office Sought: House Senate Primary General Candidate Name Rep. Lloyd Doggett Office Sought: House Senate Primary General Candidate Name Rep. Lloyd Doggett Office Sought: House Senate Primary General Candidate Name Rep. Lloyd Doggett Office Sought: House Senate Primary General Candidate Name Rep. Lloyd Doggett Office Sought: House Senate Primary General Candidate Name Rep. Lloyd Doggett Office Sought: House Senate Primary General Candidate Name Rep. Lloyd Doggett Office Sought: House Senate Primary General Candidate Name Rep. Lloyd Doggett Office Sought: House Senate Primary General Candidate Name Rep. Lloyd Doggett Office Sought: House Senate Primary General Candidate Name Rep. Lloyd Doggett Office Sought: House Senate Primary Mail General Candidate Name Rep. Lloyd Doggett Office Sought: House Senate Primary Mail General Candidate Name Rep. Lloyd Distorement Senate Primary Mail General Candidate Name Rep. Lloyd Di			aroos or arry point									-	
Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS, INC. Mailing Address PO BOX 2012 City State Zip Code MI 49802 Purpose of Disbursement Campaign contribution Candidate Name Rep. Dan Benishek Office Sought: President State: MI District: 01 City State Zip Code MI 42241 Purpose of Disbursement Tor: 2014 Senate Primary General Other (specify) Type City State Zip Code KY 42241 Purpose of Disbursement Campaign contribution Candidate Name Rep. Edward Whitfield Office Sought: House District: 01 Full Name (Last, First, Middle Initial) Date of Disbursement Tor: 2014 City State Zip Code KY 42241 Purpose of Disbursement Campaign contribution Candidate Name Rep. Edward Whitfield Office Sought: President State: KY District: 01 Full Name (Last, First, Middle Initial) Date of Disbursement Tor: 2014 Senate Primary General Other (specify) Type Transaction ID: D159070 Amount of Each Disbursement Tor: 2014 Senate Primary General Other (specify) Type Transaction ID: D159070 Transaction ID: D159070 Amount of Each Disbursement Tor: 2014 Senate Primary General Other (specify) Type Category' Type Transaction ID: D159073 Amount of Each Disbursement Tor: 2014 City State Zip Code Type Transaction ID: D159073 Transaction ID: D159073 Transaction ID: D159073 Amount of Each Disbursement Tor: 2014 Primary General Other (specify) Type Category' Typ	` '	icians	Political Acti	on C	ommi	ttaa							
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Candidate Name Rep. Lloyd Doggett Office Sought:						7							
Rep. Lloyd Doggett Office Sought:						Am	ount	of E	ach I	Disbu	rseme	nt this	Period
Office Sought:												250	00.00
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 36 OF 37
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26
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NAME OF COMMITTEE (In Full)			
American Academy of Family Phys	icians Political Actio	on Committe	ee
Full Name (Last, First, Middle Initial)			Data of Dishara and
A. NITA LOWEY FOR CONGRESS			Date of Disbursement
Mailing Address PO Box 271			06 18 2014
City	tate Zip Code		Transaction ID - D450070
White Plains	NY 10605		Transaction ID : D159078
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Nita M. Lowey		Туре	1000.00
	nent For: 2014 Primary General		
President	Other (specify)		
State: NY District: 18	(1), V		
Full Name (Last, First, Middle Initial)			
B. FRIENDS OF SCHUMER			Date of Disbursement
Mailing Address 509 MADISON AVE SUITE 1902			06 18 2014
NEW YORK	State Zip Code NY 10022		Transaction ID : D159067
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Sen. Charles E. Schumer		Type	2500.00
	nent For: 2014		
	Primary General Other (specify) ▼		
State: NY District: 00	Other (specify)		
Full Name (Last, First, Middle Initial)			
C. FRIENDS OF JOHN BARRASSO			Date of Disbursement
Mailing Address PO BOX 52008			06 18 2014
Mailing Address PO BOX 52006			00 10 2014
•	tate Zip Code WY 82605		Transaction ID : D159071
Purpose of Disbursement	WY 82605		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Sen. John Barrasso	ant For 2010	Туре	200.00
Office Sought: House Disbursen	nent For: 2018 Primary General		
President	Other (specify)		
State: WY District: 00	· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE B (FEC Form 3X)		. FOR LINE	NUMBER: PAGE 37 OF 37
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the Detailed Summary Pag	c(s) (check only	
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NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political Ad	ction Committ	ee
/ Full Name (Last, First, Middle Initial)			
A. PEOPLE FOR PATTY MURRAY			Date of Disbursement
Mailing Address PO BOX 3662			06 18 2014
SEATTLE	State Zip Code WA 98124		Transaction ID: D159068
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name Sen. Patty Murray		Category/ Type	2500.00
Office Sought: House Disburser	ment For: 2014 Primary Genera Other (specify) ▼		, , ,
State: WA District: 00 Full Name (Last, First, Middle Initial) 3. TUESDAY GROUP POLITICAL ACM Mailing Address PO Box 11586	CTION COMMITT	EE	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington	State Zip Code DC 20008-0786	3	Transaction ID : D159080
Purpose of Disbursement Campaiogn contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Office Sought: House Disburser	ment For: Primary Genera Other (specify)	ıl	
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)		
			7500.00
SUBTOTAL of Disbursements This Page (optional)		······	
TOTAL This Period (last page this line number only))		35500.00